

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/01/2011	
NAME OF PROVIDER OR SUPPLIER CHATEAU OF BATESVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 44 CHATEAU BLVD BATESVILLE, IN47006			
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R0000	<p>This visit was for the Investigation of Complaint IN00090444.</p> <p>Complaint IN00090444 - Substantiated. State residential deficiencies related to the allegations are cited at R090, R091, and R306.</p> <p>This visit was also in conjunction with a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on April 8, 2011. This visit included the PSR to the Investigation of Complaints IN00086981, IN00087366 and IN00087411 completed on April 8, 2011.</p> <p>Survey dates: May 31 and June 1, 2011</p> <p>Facility number: 006489 Provider number: 006489 AIM number: N/A</p> <p>Survey team: Penny Marlatt, RN, TC Diana Sidell, RN</p> <p>Census bed type: Residential: 36 Total: 36</p> <p>Census payor type: Other: 36</p>			R0000	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on this statement of deficiencies. This Plan of Correction is prepared and submitted because of requirements under state law.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/21/2011

FORM APPROVED

OMB NO. 0938-0391

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	Total: 36 Sample: 4 These State Residential findings are cited in accordance with 410 IAC 16.2-5. Quality review 6/07/11 by Suzanne Williams, RN			

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R0090	<p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks;</p> <p>(B) poisonings;</p> <p>(C) fires; or</p> <p>(D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and</p> <p>(B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a</p>						

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	<p>notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on interview and record review, the facility failed to ensure a reportable unusual occurrence of a significant skin tear was reported to the Indiana State Department of Health (ISDH) within 24 hours. This affected 1 of 3 residents reviewed for unusual occurrences in a sample of 4. (Resident A)</p> <p>Findings include:</p> <p>A policy entitled, "State Reportable Unusual Occurrences" with an effective date of 5-27-11, was provided by the Site Director on 6-1-11 at 3:55 p.m. at which time she indicated this policy had just been recently developed. This policy indicated the Administrator will notify the ISDH within 24 hours of unusual occurrences. In section 1-F, it identifies a significant injury as reportable to ISDH as "Large areas of contusion or large lacerations as defined in facility policy [specific size not identified]."</p> <p>Resident A's clinical record was reviewed on 6-1-11 at 8:45 a.m. Her diagnoses included, but were not limited to diabetes mellitus, history of brain tumor,</p>	R0090	<p>The Facility shall ensure all reportable unusual occurrences are reported within 24 hours of Administrator becoming aware of occurrence. Resident A: While unable to correct clinical record, moving forward, the Administrator and the Director of Health Services have reviewed and implemented the Facility Policy to reflect and include State Reportable Unusual Occurrences and significant resident injuries. The facility has also, established criteria for identification of significant injuries. All incidents will be recorded and tracked and those meeting the criteria of the Facility Policy will be reported to the state within the required time frame. On June 28, 2011 an administrative inservice will be conducted and on June 29, 2011 an all staff inservice will be conducted implementing the Facility Policy and Protocol. The Administrator or designee will be responsible for completing audits on facility incidents monthly for three months. Results to be reported to the QA Team for review and further corrective action as deemed necessary.</p>	07/20/2011	

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	<p>congestive heart failure, senile dementia, and hypertension.</p> <p>Nurse's notes, dated 4-29-11 at 11:00 a.m. indicated the resident indicated to LPN #1 that she had had an accident in which she had been in her [electric wheel] chair going into the dining room and "caught her leg on the doorframe." The note indicated the resident "felt something run down her leg and no one was in the DR (dining room) so she went back to her Rm (room) and called (name of her daughter), but did not get an answer." Notes indicated resident was in "a lot of pain et (and) to (sic) scared to look at her leg." Notes indicated LPN #1 checked the area and found a contusion on the outer aspect of the right upper shin with a skin tear from below the knee to her ankle (specific measurement not indicated) with "blood running from an area on outer shin, above ankle." The notes indicated the Director of Nursing was notified and 911 (emergency services) were called. Notes indicated Resident A was taken to an area emergency room at 11:30 a.m.</p> <p>An "Incident Report" form was provided by the Director of Health Services (DHS) on 6-1-11 at 11:02 a.m. This document indicated the above incident. Under the section entitled, "Step #1 -- Complete for all Incidents" it indicated the "incident,</p>				

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	<p>accident or unusual occurrence" was "injury that appears to be significant."</p> <p>In interview with the Site Director on 6-1-11 at 11:05 a.m., she indicated the facility did not report this incident to the ISDH "because we didn't know the size of the skin tear. If we had known the size [of the skin tear] we would have reported it. The family just brought back the yellow sheets [care information sheets from the emergency room]. We didn't get any other information, not written report or a call from ER (emergency room). No, we didn't follow up with ER."</p> <p>In interview with the DHS on 6-1-11 at 10:50 a.m., she indicated she would "try to get the write-ups" of the ER visits on 4-29-11, 4-30-2011 and 5-7-11. The DHS provided the copies of these visits on 6-1-11 at 11:35 a.m.</p> <p>The emergency room report, dated 4-29-11, indicated Resident A arrived in the ER at 11:51 a.m. with a 15 centimeter (cm) [approximately 6 inches] skin tear to the right shin as a result of "wrecked scooter into a wall." The report indicated the skin tear was located "on the anterior lower leg just lateral to the tibia. It is deep to subcu (subcutaneous tissue) in a couple of spots, but it is a thin skin. There is a little ecchymosis (bruising) of</p>				

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R0091	<p>the area. There is no active bleeding."</p> <p>This Residential tag relates to Complaint IN00090444.</p> <p>(h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following:</p> <ol style="list-style-type: none"> (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. <p>The policies shall be made available to residents upon request.</p> <p>Based on record review, the facility failed to ensure a policy regarding disposition of medications was followed in regard to medications that had been disposed of or returned to the pharmacy for credit. This deficient practice affected 3 of 3 residents reviewed for medication disposition in a total sample of 4. (Residents A, C and E)</p> <p>Findings include:</p> <p>The Site Director provided a copy of a policy entitled, "Medication Management -- Discontinued Medications," with an effective date of 4-15-11. This policy indicated, "Medication in any form will not be flushed due to the environmental hazards...Medication disposition will be witnessed by another authorized staff, i.e.,</p>			R0091	<p>The Facility shall ensure that no medications in any form shall be flushed. All medications will be disposed of in compliance with federal, state and local laws and documented appropriately in the residents' clinical records.</p> <p>Corrective action for residents affected: Resident A, C, and E unable to correct the clinical record citation, however; moving forward on June 22, 2011 an inservice on medication management will be conducted for all nursing staff. New policies and procedures relative to medication management and documentation of same and medication disposition have been implemented. In order for cited practices to not re-occur a new drug disposition form has been implmented that includes name of</p>		07/20/2011

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	<p>a licensed nurse or qualified medication aide...A record of disposition will be maintained for each medication that includes the following: the name of the resident, the name and strength of the medication, the prescription number, the reason for disposal, the amount disposed of, the method of disposal, the date of disposal, the signature of the person conducting the disposal of the drug and the signature of a witness to the disposal." The policy indicated that "a record of all medications returned to the pharmacy will be maintained for each medication that includes the following: the name of the resident, the name and strength of the drug, the prescription number, the reason for return, the number of tablets/capsules returned and the date of the return."</p> <p>1. Resident A's clinical record was reviewed on 6-1-11 at 8:45 a.m. Her diagnoses included, but were not limited to, diabetes mellitus, history of brain tumor, congestive heart failure, senile dementia, and hypertension.</p> <p>Two drug disposition forms, dated 4-4-11, indicated hydrocodone/APAP (a controlled substance used for pain control) with a total of 19 doses of 5/500 (sic) strength and an additional 17 "1/2's" (sic; no strength indicated) were "flushed." The reason indicated for</p>		<p>resident, date of disposition, the name and strength of medication, the prescription number, reason for disposal or return to pharmacy, the amount of medication, the method of disposition and the signatures of person conducting disposition and signature of the witness. The Director of Health Services or designee will complete monthly medication disposition audits for three months in order to monitor this corrective action. Results will be reported to the QA Team for review and further corrective actions as deemed necessary.</p>		

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	<p>disposal was "discontinued."</p> <p>A drug disposition form, dated 4-19-11, indicated 2 prescriptions for Coumadin (a blood thinner) with a total of 39 tablets had an unknown event listed as "Safedose" with no further indication as to reason or method of disposition listed. Only one staff signature was present. A pharmacy recipient signature was not present.</p> <p>A drug disposition form, dated 5-4-11, listed 8 separate prescription numbers listed as "expired" medications which were "flushed" and listed as a rejection code as "8" which is indicated as "Meds over 90 days old." A total of 330 pills/capsules were listed as "flushed" on 5-4-11. Signatures of any staff were not present. In the upper right hand corner of the form was the name of the previously contracted pharmacy utilized by the facility.</p> <p>A drug disposition form, dated 5-12-11, indicated only one staff signature was present. This form indicated medications were returned to the pharmacy. A pharmacy recipient signature was not present.</p> <p>Another drug disposition form with an unreadable date listed and illegible</p>						

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	<p>information regarding the medications, reasons for disposition or method of disposition was provided on 6-1-11 by the Director of Health Services. This form indicated 59 tablets/capsules were involved in some manner of disposition. Only one staff signature was present. A pharmacy recipient signature was not present.</p> <p>2. Resident #C's record was reviewed on 5/31/11 at 1:16 p.m. The record indicated Resident #C was admitted with diagnoses that included, but were not limited to, congestive heart failure, high blood pressure, osteoporosis, and pacemaker. A drug disposition form, dated 5-12-11, lacked any staff signatures or pharmacy recipient signature.</p> <p>An undated drug disposition form which lacked any staff signatures or pharmacy recipient signature indicated a total of 7 different prescriptions, representing a total of 126 pills/capsules were "flushed" as a means of disposal. The reason for disposal was indicated as "expired."</p> <p>3. Resident #E's record was reviewed on 5/31/11 at 2:50 p.m. The record indicated Resident #E was admitted with diagnoses that included, but were not limited to, diabetes mellitus, congestive heart failure,</p>				

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R0306	<p>and coronary artery disease.</p> <p>Review of a "DRUG DISPOSITION FORM" indicated the form lacked the following information:</p> <ul style="list-style-type: none"> - A date and time for the disposition of the 10 medications listed on the form. - A signature of the pharmacy representative who collected the returned medications. <p>This Residential tag relates to Complaint IN00090444.</p> <p>(g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident 's clinical record and shall include the following information:</p> <ol style="list-style-type: none"> (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug. <p>Based on interview and record review, the facility failed to ensure accuracy of medication disposition records for 3 of 3 residents reviewed for accuracy of clinical</p>	R0306	The Facility shall ensure that no medications in any form shall be flushed. All medications will be disposed of in compliance with federal, state and local laws and documented appropriately in the	07/20/2011	

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	<p>record documentation in a total sample of 4. (Residents A, C and E)</p> <p>The Site Director provided a copy of a policy entitled, "Medication Management -- Discontinued Medications," with an effective date of 4-15-11. This policy indicated, "Medication in any form will not be flushed due to the environmental hazards...Medication disposition will be witnessed by another authorized staff, i.e., a licensed nurse or qualified medication aide...A record of disposition will be maintained for each medication that includes the following: the name of the resident, the name and strength of the medication, the prescription number, the reason for disposal, the amount disposed of, the method of disposal, the date of disposal, the signature of the person conducting the disposal of the drug and the signature of a witness to the disposal." The policy indicated that "a record of all medications returned to the pharmacy will be maintained for each medication that includes the following: the name of the resident, the name and strength of the drug, the prescription number, the reason for return, the number of tablets/capsules returned and the date of the return."</p> <p>During an interview on 5/31/11 at 2:42 p.m. with the Director of Health Services, she indicated the facility used the drug</p>		<p>residents' clinical records. Corrective action for residents affected: Resident A, C, and E unable to correct the clinical record citation, however; moving forward on June 22, 2011 an inservice on medication management will be conducted for all nursing staff. New policies and procedures relative to medication management and documentation of same and medication disposition have been implemented. In order for cited practices to not re-occur a new drug disposition form has been implemented that includes name of resident, date of disposition, the name and strength of medication, the prescription number, reason for disposal or return to pharmacy, the amount of medication, the method of disposition and the signatures of person conducting disposition and signature of the witness. The Director of Health Services or designee will complete monthly medication disposition audits for three months in order to monitor this corrective action. Results will be reported to the QA Team for review and further corrective actions as deemed necessary.</p>		

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	<p>disposition form because there was no other disposition form to use and it was hard for nurses to pick a reason on the form. She said they went through and did an audit and found PRNs (drugs used on an "as needed" basis of both prescription and non-prescription medications) and OTCs (over the counter, non-prescription medications) that were expired and no routine meds were expired. The expiration date was the credit date they could be returned to the pharmacy.</p> <p>1. Resident A's clinical record was reviewed on 6-1-11 at 8:45 a.m. Her diagnoses included, but were not limited to, diabetes mellitus, history of brain tumor, congestive heart failure, senile dementia, and hypertension.</p> <p>Two drug disposition forms, dated 4-4-11, indicated hydrocodone/APAP (a controlled substance used for pain control) with a total of 19 doses of 5/500 (sic) strength and an additional 17 "1/2's" (sic; no strength indicated) were "flushed." The reason indicated for disposal was "discontinued."</p> <p>A drug disposition form, dated 4-19-11, indicated 2 prescriptions for Coumadin (a blood thinner) with a total of 39 tablets had an unknown event listed as "Safedose" with no further indication as to</p>				

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	<p>reason or method of disposition listed. Only one staff signature was present. A pharmacy recipient signature was not present.</p> <p>A drug disposition form, dated 5-4-11, listed 8 separate prescription numbers listed as "expired" medications which were "flushed" and listed as a rejection code as "8" which is indicated as "Meds over 90 days old." A total of 330 pills/capsules were listed as "flushed" on 5-4-11. Signatures of any staff were not present. In the upper right hand corner of the form was the name of the previously contracted pharmacy utilized by the facility.</p> <p>A drug disposition form, dated 5-12-11, indicated only one staff signature was present. This form indicated medications were returned to the pharmacy. A pharmacy recipient signature was not present.</p> <p>Another drug disposition form with an unreadable date listed and illegible information regarding the medications, reasons for disposition or method of disposition was provided on 6-1-11 by the Director of Health Services. This form indicated 59 tablets/capsules were involved in some manner of disposition. Only one staff signature was present. A</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/01/2011	
NAME OF PROVIDER OR SUPPLIER CHATEAU OF BATESVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 44 CHATEAU BLVD BATESVILLE, IN47006			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>pharmacy recipient signature was not present.</p> <p>2. Resident #C's record was reviewed on 5/31/11 at 1:16 p.m. The record indicated Resident #C was admitted with diagnoses that included, but were not limited to, congestive heart failure, high blood pressure, osteoporosis, and pacemaker. A drug disposition form, dated 5-12-11, lacked any staff signatures or pharmacy recipient signature.</p> <p>An undated drug disposition form which lacked any staff signatures or pharmacy recipient signature indicated a total of 7 different prescriptions, representing a total of 126 pills/capsules were "flushed" as a means of disposal. The reason for disposal was indicated as "expired."</p> <p>3. Resident #E's record was reviewed on 5/31/11 at 2:50 p.m. The record indicated Resident #E was admitted with diagnoses that included, but were not limited to, diabetes mellitus, congestive heart failure, and coronary artery disease.</p> <p>Review of a "DRUG DISPOSITION FORM" indicated the form lacked the following information:</p> <p>- A date and time for the disposition of the</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/21/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/01/2011	
NAME OF PROVIDER OR SUPPLIER CHATEAU OF BATESVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 44 CHATEAU BLVD BATESVILLE, IN47006			
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	10 medications listed on the form. - A signature of the pharmacy representative who collected the returned medications. This Residential tag relates to Complaint IN00090444.						